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Atty Docket No. 020375-002730US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Debra F. Charles

Group Art Unit 3624

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CERTIFICATION OF FACSIMILE TRANSMISSION

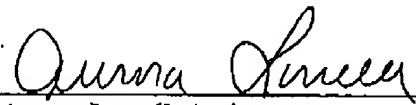
I hereby certify that the following documents in re Application of Terry Allen-Rouman, et al., Application No. 09/991,364, filed November 15, 2001 for ONLINE INCREMENTAL PAYMENT METHOD are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 page);
2. Petition for Extension of Time Under 37 CFR 1.136(a) (1 page); and
3. Request for Continued Examination (RCE) Transmittal (1 page).

Number of pages being transmitted, including this page: 4

Dated: February 3, 2006


Aurora Lowell, Assistant to
Milan M. Vinnola, Reg. No. 45,979

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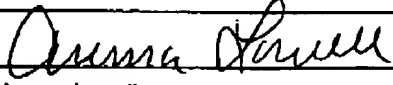
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PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/991,364	
	Filing Date	November 15, 2001	
	First Named Inventor	Allen-Rouman, Terry	
	Art Unit	3624	
	Examiner Name	Debra F. Charles	
Total Number of Pages in This Submission	3	Attorney Docket Number	020375-002730US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Transmittal
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Milan M. Vinnola		
Date	February 3, 2006	Reg. No.	45,979

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